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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 09/497515		Filing Date	
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1		1					
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13	1		1		1					
14	1		1		1					
15		2		2		2				
16		2		2		2				
17	1		1		1					
18	1		1		1					
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Total Indep	6		6		6					
Total Depend	28		26		24					
Total Claims	34		32		30					
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Total Indep										
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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06) CPA							Application Number 09/497515		Filing Date		
Applicant(s)							May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1		1		1						
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9		2		2		2					
10		2		2		2					
11		2		2		2					
12		2		2		2					
13	1		1		1						
14	1		1		1						
15		2		2		2					
16		2		2		2					
17	1		1		1						
18	1		1		1						
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Total Indep	6		6		6						
Total Depend	28		28		28						
Total Claims	34		34		34						
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.5em; font-family: cursive;">09/497515</div>		Filing Date		
							Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments				
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	1		1		1		51				
2		1		1		1	52				
3	1		1		1		53				
4		1		1		1	54				
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7		2		2		2	57				
8		2		2		2	58				
9		2		2		2	59				
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11	1			2		2	61				
12	1			2		2	62				
13	1		1		1		63				
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15		2		2		2	65				
16		2		2		2	66				
17	1		1		1		67				
18	1		1		1		68				
19		2				2	69				
20		2		4		4	70				
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45							95				
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47							97				
48							98				
49							99				
50							100				
Total Indep	8		6		6		Total Indep				
Total Depend	21		26		28		Total Depend				
Total Claims	29		32		34		Total Claims				

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